

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

Marylanders for Marriage Equality(b) Address (number and street) ☐ check if different than previously reported
2400 Boston St, Ste 101-D

(c) City, State and ZIP Code

Baltimore

MD

21224

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30002141**3. Is This Statement****New**

or

**Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

through

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012**(b) Communication Title** Listen Up (Radio Ad)CLQSilbergeldSophia24C**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

9. Total Donations This Statement**10. Total Disbursements/Obligations This Statement**

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

[Electronically Filed] DATE

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.